My Colonoscopy Prep Calendar—Bowel Prep Using GoLYTELY



Your Pharmacy Shopping List:

- ☐ One bottle Milk of Magnesia (or generic equivalent of magnesium hydroxide).
- ☐ Prescription for the Golytely.

Your Grocery Shopping List:

- ☐ Purchase clear liquid products examples include:
 - sports drinks (not red. blue or purple)
 - apple or white grape juice
 - ginger ale
 - clear broth or bouillon
 - water
 - coffee/tea without milk
 - clear carbonated beverages
 - plain Jell-O (not red, blue or purple and no fruit or toppings)
 - Italian ice



4 days before procedure

☐ STOP eating all

☐ Stop taking any

iron or fiber

supplements.

☐ Confirm ride and

contact phone

number to your

home from a

colonoscopy. You

MUST have a ride

responsible adult

as you will have

received sedation

for the procedure.

(NO taxis, Lyft,

☐ Please inform the

person providing

your ride that the

appointment

approximately

 $2\frac{1}{2}$ - 3 hours.

will take

Uber, etc).

fruits, vegetables,

seeds and nuts.



3 days before procedure

If you are **unable**

to make your

appointment,

603.665.2470.

New Hampshire

Gastroenterology

requires 72 hour

notice for

cancellations.

a waiting list

appointments.

Thank you for

vour consideration.

for these

as we maintain

please call:



2 days before procedure

☐ Take 2 tablespoons of Milk of Magnesia at dinner time.



1 day before procedure

- ☐ Consume only CLEAR LIQUIDS the entire day (no solid food, dairy, juice with pulp, alcohol or anything red, blue or purple in color).
- \square In the morning: Prepare the solution of Golytely and refrigerate.

4 PM:

☐ Drink 1/2 the bottle of Golytely and refrigerate.



- ☐ Have **NOTHING** to eat or drink after midnight, except for finishing the Golytely and/or taking any medications as ordered.
- ☐ 5 hours before vour check-in time: FINISH the Golytely

Important:

☐ If you are on blood pressure medication, you must take vour medication the morning of your procedure, prior to check-in.





Please see important medical information on the reverse side

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IMPORTANT information

Ple or:	ase continue your daily medication regimen except	Please bring a list of your current medication to the procedure and include dosing information.
	Diabetic Patients: Do not take any diabetes medication on the day of your procedure. If you have any questions, please call your prescribing provider. If you take insulin, call your prescribing provider and ask for instructions.	You will be contacted by Endoscopy one weel prior to your procedure to review important details. You will also be contacted 48 hours prior to the procedure to be given your arrival time.
	Patients on Blood Thinners: YOU MUST check in with your prescribing physician before stopping your medication. If you are currently taking an ASPIRIN daily, do not stop. Below is a list of common blood thinners and when, with physician approval, to discontinue them:	If you have any discomfort around the perianal region, use wet wipes instead of toilet paper and apply Vaseline or A&D Ointment to the rectum.
	 Ticlid (ticlopidine)—stop 10 days prior to procedure Effient (prasugrel)—stop 7 days prior to procedure Coumadin (warfarin), Plavix (clopidogrel) or Brilinta—stop 5 days prior Pradaxa (dabigatron), Eliquis (apixaban) or Xarelto (rivaroxaban)—stop 48 hours prior 	If you are unable to make your appointment please call: 603.665.2470. New Hampshire Gastroenterology requires 72 hour notice for cancellations, as we maintain a waiting list for these appointments. Thank you for your consideration.
	Patients on Erectile Dysfuntion medication: Viagara, Cialis, Adcirca, Sildenafil or Revatio—stop	



24 hours prior.